

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM	2861	01/24
O.I.P.E. CLASSIFIER		49	02/26/00
FORMALITY REVIEW	ES	884	03/02/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Original	Date
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	0	
7	0	
8	✓	
9	✓	
10	0	
11	✓	
12	0	
13	✓	
14	✓	
15	✓	
16	0	
17	✓	
18	✓	
19	0	
20	✓	
21	✓	
22	0	
23	✓	
24	✓	
25	=	
26	=	
27	=	
28	✓	
29	0	
30	0	
31	0	
32	✓	
33	✓	
34	✓	
35	✓	
36	✓	
37	✓	
38	✓	
39	0	
40	0	
41	✓	
42	✓	
43	✓	
44	✓	
45	0	
46	✓	
47	✓	
48	✓	
49	0	
50	✓	

Claim	Original	Date
51	✓	
52	0	
53	✓	
54	✓	
55	0	
56	✓	
57	✓	
58	=	
59	=	
60	=	
61	✓	
62	0	
63	0	
64	0	
65	✓	
66	✓	
67	✓	
68	✓	
69	=	
70	✓	
71	✓	
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Claim	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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